

2021-2022 CACFP Workshop



**Emergency Shelters, Adult Day Care
Centers, and Independent Centers**

CACFP Application



CACFP Application deadline was August 1, 2021

All applications that are not approved by September 30, 2021 *will be denied!*

CAFP Points to Remember



01

CACFP is a supplemental nutrition program

02

The program is intended to help you with your food cost; it may not cover all of your costs

03

Participating institutions operate the program under a contractual agreement with TDHS

04

Failure to maintain adequate records can result in legal action and payback of funds

How Do I Start?



TIPS Access

(New Institutions)

Email **CACFP.DHS@tn.gov**

- **DUNS**
- **FEIN**
- **Name of Organization**
- **Your name and title within the organization**
- **Your organization's address**
- **The email address associated with your organization**
- **Telephone number including area code**
- **Type of Organization**
 - Government Agency
 - Educational Institution
 - For-Profit Organization
 - Indian Tribe
 - Military Installation
 - Private Non-Profit Organization
 - Other

Data Universal Numbering System (DUNS)

00-001-0001

Nine-character number

**Used to track how federal money is
allocated**

**Sponsors need to apply with Dun &
Bradstreet (D&B)**

Free of charge

<https://fedgov.dnb.com/webform>

The Official U.S. Government System for:

Contract Opportunities

(was fbo.gov)

Contract Data

(Reports ONLY from fpds.gov)

Wage Determinations

(was wdol.gov)

Federal Hierarchy

Departments and Subtiers

Assistance Listings

(was cfda.gov)

Entity Registration

Including Disaster Response Registry

Entity Reporting

SCR and Bio-Preferred Reporting

Exclusions

Register Your Entity

Register your entity to get started doing business with the federal government.



Get Started



Renew Entity



Check Registration Status

Already know what you want to find?

Select Domain...



e.g. 1606N020Q02



www.sam.gov

Federal Employer ID Number (FEIN)



9-digit number
assigned by the IRS

Separate from
the tax-exempt
status

<https://www.irs.gov/businesses/small-businesses-self-employed/how-to-apply-for-an-ein>

What is Child and Adult Care Food Program?

01

Improves quality of day care

02

Serves meals and snacks to eligible children and adults



CACFP Eligible Participants

01

Children enrolled in childcare institutions who are 12 years of age and younger



02

Children of migrant workers 15 years of age and younger



CACFP Eligible Participants

03

Adults who are mentally or physically disabled and who are enrolled in a childcare institutions serving a majority of persons 18 years of age and younger.



04

Adults who are enrolled in an adult care center which serves functionally impaired adults or individuals who are 60 years of age or older.



What is Affiliated?

- 01 Part of the same legal entity as the sponsoring organization
- 02 Owned in whole or in part by the CACFP sponsoring organization
- 03 Non-profit organizations may sponsor either affiliated or unaffiliated centers
- 04 For-profit organizations may sponsor ONLY those centers that are legally part of the for-profit organization

Adult Day Care Centers



Program Eligibility

- 
- 01 **May participate as an independent center or sponsored center**
 - 02 **May be operated by public agencies, private nonprofit organizations, or certain for-profit organizations**

Center Eligibility

01

Provide community-based programs

02

Be licensed or approved to provide adult day care services

03

Provide services to adults who are functionally impaired or over age 60

04

Provide nonresidential services

Community Residence Requirements

- 01 Provide services to individuals in a group setting outside their homes on a less than 24-hour basis
- 02 Meant to assist participants to remain in the community
- 03 Individuals living in residential institutions are ineligible under the CACFP

Emergency Shelters



Emergency Shelters



01

Provide residential and food services to children experiencing homelessness

02

Receive highest rates of payments for serving meals

03

No application needed for families to fill out

04

Meals are served in a group setting at no cost to the child

Eligibility & Participation Requirements

- 01 Shelter must be public or private nonprofit institution, or a temporary residential site sponsored by a public or private nonprofit organization
- 02 Meals and snacks are served to residential children 24 years of age or younger
- 03 Meals served to residents with disabilities, regardless of age, who reside in the shelter may also be eligible



Licensing and Approval Requirements

01 Does not have to be licensed to provide day care

02 Must meet any health and safety codes that are required by State or local law

Independent Centers



Independent Child Care Centers



Licensed by the State of TN to provide childcare services

Independent Child Care Centers



May be operated by public or governmental institutions, nonprofit organizations, or for-profit organizations meeting the 25% requirement

Independent Child Care Centers



Maintain required records

Independent Child Care Centers



Independent Child Care Centers



Provide adequate personnel for managing the program

Independent Child Care Centers



Comply with the meal requirements

Independent Child Care Centers



Establish procedures to collect and maintain all program records

Independent Child Care Centers



Correctly determine and report the eligibility of all participants for free, reduced-price and paid meal reimbursements

Independent Child Care Centers



Maintain and report separate counts of participant attendance and meal counts for each claiming month

Independent Child Care Centers



Provide annual training for staff regarding CACFP requirements

Staff Training in CACFP

- 01 Required to train your staff on program rules and regulations at least once each year
- 02 Training must be given to key staff
- 03 Training should be appropriate to staff member's experience and duties related to CACFP
- 04 Training must be documented (requested during monitoring review)
 - Date and location of training
 - Topics and agenda
 - Names and titles of staff who attended training (signed roster)



What's New?

- Collection of Race and Ethnicity Data by Visual Observation and Identification in the CACFP and SFSP-Policy Rescission, CACFP 11-2021, SFSP 07-2021
- Ounce Equivalents for Grains, instead of serving sizes, implementation delayed until October 1, 2021.

Waivers Expiring September 30, 2021

- **Expiration of Nationwide Waivers Due to COVID-19:**
 - #39 Nationwide Waiver of Onsite Monitoring Requirements for Sponsors in the CACFP
 - #40 Nationwide Waiver of Onsite Monitoring Requirements for State Agencies in the CACFP—Extension 2

Waivers Expiring June 30, 2022 (1 of 3)

- **Expiration of Nationwide Waivers Due to COVID-19**
 - #84 Nationwide Waiver: Cover Letter: Child Nutrition Nationwide Waiver Update for School Year 2021-2022
 - #85 Nationwide Waiver to Allow the Seamless Summer Option through School Year 2021-2022
 - #86 Nationwide Waiver to Allow Summer Food Service Program Reimbursement Rates in School Year 2021-2022
 - #87 Nationwide Waiver to Allow Non-Congregate Meal Service for School Year 2021-2022
 - #88 Nationwide Waiver of Meal Times for School Year 2021-2022

Waivers Expiring June 30, 2022 (2 of 3)

- **Expiration of Nationwide Waivers Due to COVID-19**
 - #89 Nationwide Waiver to Allow Parents and Guardians to Pick Up Meals for Children for School Year 2021-2022
 - #90 Nationwide Waiver to Allow Specific School Meal Pattern Flexibility for School Year 2021-2022
 - #91 Nationwide Waiver to Allow Specific Meal Pattern Flexibility in the Child and Adult Care Food Program for School Year 2021-2022
 - #92 Nationwide Waiver to Allow Offer Versus Serve Flexibility for Senior High Schools in School Year 2021-2022

Waivers Expiring June 30, 2022 (3 of 3)

- **Expiration of Nationwide Waivers Due to COVID-19**
- #93: Nationwide Waiver of Area Eligibility in the Afterschool Programs and for Family Day Care Home Providers in School Year 2021-2022
- #94: Nationwide Waiver of Onsite Monitoring Requirements in the School Meals Programs – Revised – EXTENSION
- #95: Nationwide Waiver of Onsite Monitoring Requirements for State Agencies in the Child and Adult Care Food Program – EXTENSION
- #96: Nationwide Waiver of Monitoring Requirements for Sponsors in the Child and Adult Care Food Program – EXTENSION

Recordkeeping and Claims



Overview 7 CFR 226.16(e)

- Sponsoring organizations must establish and consistently follow procedures for collecting, maintaining, and retrieving records for their sponsored facilities. Records can be both electronic and in paper form.
- These standard operating procedures (SOP) must be in writing and included in their management plans
- This includes written policies and procedures for both the sponsoring organizations and their facilities

Purpose and Importance

- Records are **VITAL** in order to receive the correct reimbursements from CACFP
- Records provide **PROOF** that meals were served to enrolled participants and that the funds received were actually used in support of the CACFP
- If records are so important...Then why do sponsoring organizations & facilities struggle with recordkeeping?

Common Challenges

- Receipts are randomly stored in a shoe box, completely disorganized
- Records are being “made up” while the review is taking place
- Meal counts are not recorded at the time of service
- Records are simply not available or nonexistent

Impact of Poor Recordkeeping

- Findings such as Serious Deficiencies
- Denial of Claims
- May have to repay prior reimbursements

Records Maintenance and Tracking

Sponsoring organizations and facilities are responsible for maintaining and tracking **TWO** types of records

Program

Records that demonstrate the successful operations of the CACFP

Financial

Records that demonstrate the financial compliance of the CACFP

Recordkeeping

What are some examples of records that you and your facilities are required to maintain?



Program Records

- **Training Records**
- **Review Records**
- **Daily Meal Service Records**
- **Meal Count Records**
- **Daily Menu Records**
- **Enrollment Records**
- **Attendance Records**
- **Sign In/Sign Out Sheets**
- **Income Eligibility Applications (Meal Benefit Forms)**

Records Management

Why are good records important when demonstrating how your CACFP reimbursements are being utilized?

NECESSARY

NECESSARY

Bottom Line... *“If it is not documented it did not happen.”*

Retention of Records

- Three (3) years after the date of submission of the final claim for the fiscal year to which they pertain
- Records should be made available upon request
- An organized and integrated filing system is important

INVENTORY



Inventory Requirements



01

***Milk Inventory**
• Monthly

02

Food Inventory
• Annual

03

Non-Food Inventory
• Annual

*Recommended

Milk Inventories

01

Milk purchases must be clearly indicated on purchase receipts

02

In order to receive credit for milk carried over from one month to the next, a milk inventory is necessary

03

There is space at the bottom of the meal count sheet to keep up with milk inventories

Example:

MILK: Complete this section at the end of the month.

Calculate the total amount of milk needed for month by adding the amounts of milk needed for each week.

*Week 1 _____ + *Week 2 _____ + *Week 3 _____ + *Week 4 _____ + *Week 5 _____ = _____ Total ounces milk needed

Divide the total ounces of milk needed by the number of ounces in the milk container: _____ ÷ _____ = _____ Total containers needed

(Conversions: $\frac{1}{2}$ pint = 8 ozs, $\frac{1}{2}$ gallon = 64 ozs, 1 gallon = 128 ozs) Compare the number of containers needed to the number available for the month.

To maintain a milk inventory, document the following: Amount of milk carried over from previous month: _____ (plus) + Amount of milk purchased during claim month: _____ (minus) - Milk carried over to next month: _____ (equals) = Amount of Milk Available for Current Month: _____

_____ There must be adequate milk available for all meals served with milk in all 3 months (the previous month, the current month and the next month) KEEP itemized receipts for ALL milk

Best Practices

- Keep records organized, by month and vendor
- Check your files periodically to ensure that the records are still accurate and complete
- Ensure that your staff has access to paper and electronic records

Best Practices

- Maintain current month plus previous twelve (12) months onsite
- Store offsite records in a safe place and keep them confidential
- Produce records, when requested, within a reasonable timeframe

Claims Overview

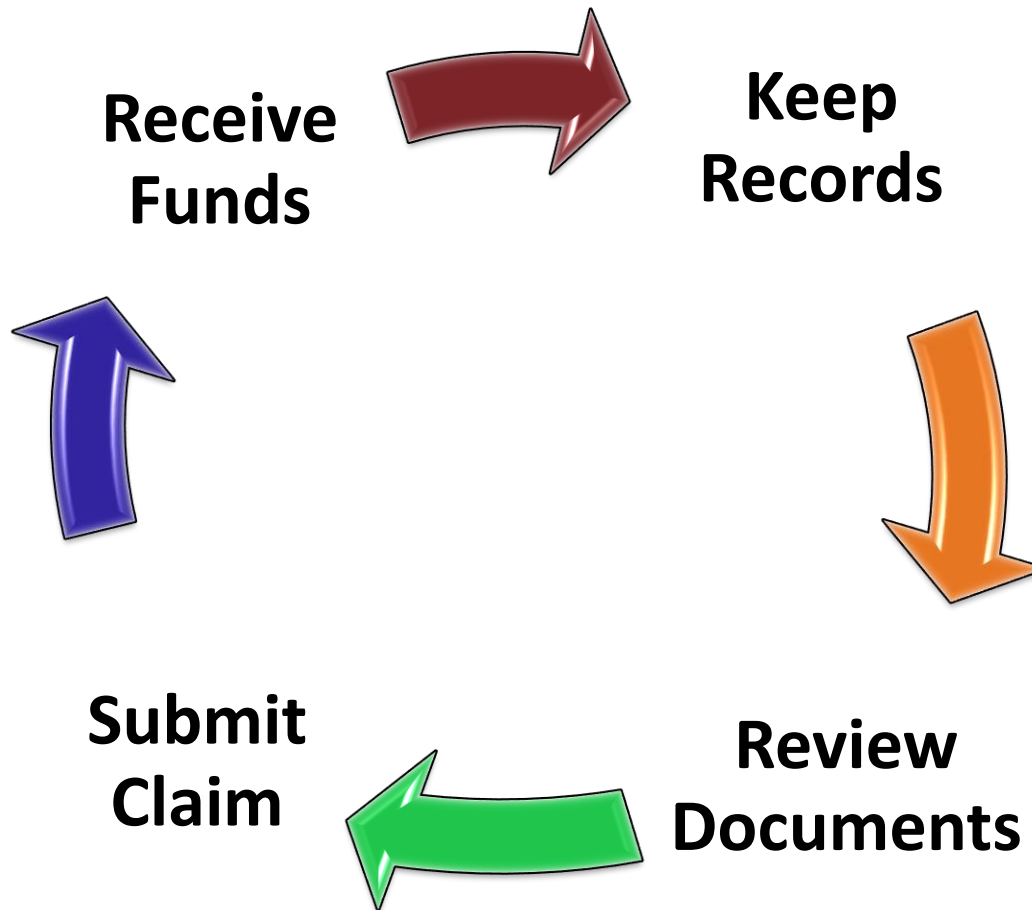
- USDA provides funds to State agencies who in turn provide funds to the sponsoring organizations
- Sponsoring organizations are responsible for reviewing, validating, and filing claims on behalf of the facilities
- Claims that are submitted for reimbursement must comply with CACFP requirements

Claims

What tasks are sponsors expected to perform in the Claims Process?



Claims Processing Workflow



Claims Timeframe

- You must submit your facilities' final claim within sixty (60) calendar days of the last day of the claim month
- Claims are scheduled to be paid twice monthly, on the 15th of each month and the last day of the month.
- To be paid on the 15th, your claim must be submitted no later than the 7th.
- To be paid at the end of the month, your claim must be submitted no later than the 21st.

Recommended Edit Checks

Attendance
sheet to meal
count sheet

Claims for
more meals
than allowed

Milk audits

Meal pattern
requirements

Meals claimed
for more days
than allowed

Red Flags!!

Claiming more participants than normally in attendance

Inflated meal counts

Irregular claiming patterns

Use of correction fluid

Meals claimed when facilities are closed

Missing signatures

Disallowed items

Missing or incomplete records

Impact of Invalid Claims Submissions

- Denial of claim payments
- Request for reimbursement of paid claims
- Fines
- Possible imprisonment

Best Practices

- Perform additional edit checks that are not required
- Use an electronic claims recordkeeping system that has an audit trail feature
- Implement an internal 2nd party review of your claims

What questions do you have?





Office of Inspector General Audit Services

CACFP

Food Program Monitoring Overview

Introduction

- ❑ The DHS Office of Inspector General (OIG)-Division of Audit Services is responsible for conducting auditing and monitoring contract agreements in connection with the various programs that DHS administers, including CACFP. Food Programs monitoring is a subdivision of Audit Services that conducts monitoring reviews of CACFP sponsoring organizations and related feeding sites.**

Review Criteria

- ❑ All Sponsoring Organizations are not required to be reviewed annually. DHS follows the review guidelines of the USDA and the Office of Management and Budget (OMB) when conducting CACFP monitoring reviews. In addition to the Sponsors that DHS monitor, the state's Comptroller Office auditors may also conduct auditing of the DHS programs. This is separate from DHS monitoring.

Review Criteria

- Conduct a review of every new sponsor at least once during the first year of operation
- Conduct a review of each Sponsor at least once every 3 years
- Conduct a review of at least 33% of approved Sponsors each fiscal year
- Conduct a review of every sponsor which experienced significant operational problems in the prior year;
- Conduct a review Sponsors identified as high risk
- Conduct a review of Sponsors with complaints or allegation of fraud

Preparing for Monitoring Visit

- Review the manuals available thru the USDA
- Follow federal and state regulations related to the CACFP
- Have all required documentation on file and available for review.

Monitoring of Institutions/Facilities

- Observation of a meal
- Required postings
- Health and Safety
- Applications and enrollment information
- Meal count Records and Attendance

Sponsor Monitoring Requirements

- Pre-Operational site visit(for new sites)
- All sites must be monitored at least 3 times in a 12 month period. At least 2 visits must be unannounced, and 1 unannounced visit must include a meal observation
- No more than six months elapse between reviews

Monitoring of Sponsoring Organization

- Review all documentation related to the Claim
- Training documentation
- Meal count and Attendance records for Review Month
- Income Eligibility Forms and Enrollment Forms
- Menus
- Administrative and operational Cost Documentation

Red Flags

Block Claiming – A claim with no variation in meal counts for a continuous 15-day period

Receipts- Receipts for milk purchased was significantly less than meals the Sponsor claimed requiring milk

Outdated Forms- Forms provided by the Sponsor are outdated, incomplete, or unavailable

Observed meal- Meal Participation for day of observation is significantly less than previous days

Common Findings

What do you think was the most common finding in FY21 CACFP Monitoring?

A. Sponsor did not purchase enough fluid milk

for meals served requiring milk

B. Sponsor reported the number of participants in the free, reduced price, and paid categories incorrectly

C. Sponsor did not conduct or document monitoring as required

D. Sponsor did not document staff training as required

CACFP FY 21 Common Findings (1 of 2)

- Sponsor reported the number of participants in the free, reduce-price, and/or paid categories incorrectly
- Menus did not meet the USDA meal pattern requirements
- Sponsors reported meals in excess of attendance
- Insufficient quantities of milk to support the number of meals claimed

CACFP FY 21 Common Findings (2 of 2)

- Incorrectly reporting the number of participants
- Sponsors did not maintain participant enrollment information
- Sponsors did not conduct or document monitoring as required
- Sponsors not providing documentation of required annual training

Questions



Contact Info

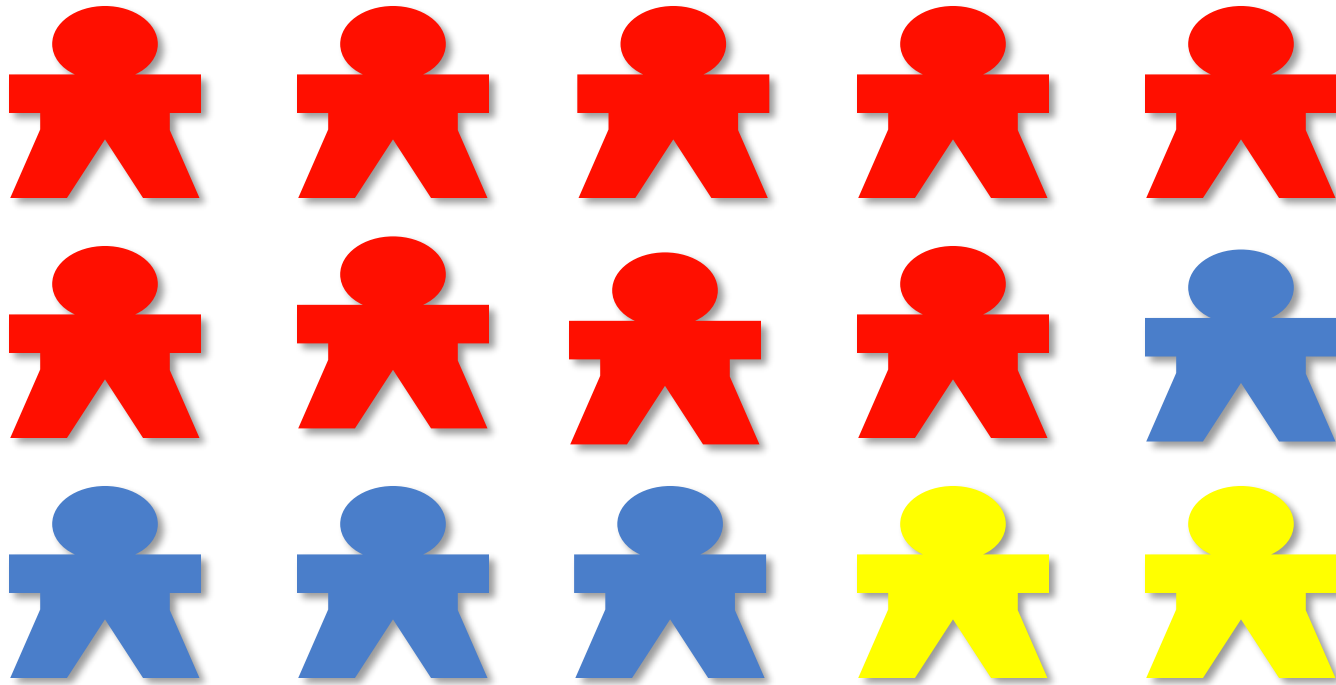
- Lisa.holbrook@tn.gov
- 901-229-5890

Income Eligibility Applications



Free and Reduced-Price Meal Benefit Form (Income Eligibility Applications)

Purpose (Non-Profit)



Purpose (For-Profit)

Requirement

20 children enrolled
(25% of 20= 5 Children)

or

Licensed capacity is 28
(25% of 28=7 Children)

Actual Enrollment

6 children are eligible for
free/reduced-price meals

or

As documented on an
EAV, more than 7 children
receive Title XX benefits

When Does The Application Need To Be Completed?

- **When free and reduced-price reimbursements will be claimed**
- **Must be collected for all enrolled children**
- **Collected annually**

Categorical Eligibility

- 1 A child who is a member of SNAP, FDPIR, or TANF**
- 2 Foster children and children enrolled in Head Start and Early Head Start**
- 3 Residential children in a participating emergency shelter's food service**

Self Reported Income

- All enrolled children (except categorically eligible)
- Income includes the household's gross earnings

Eligibility Categories



Free

Reduced
Price

Paid

Meal Benefit Form

Income Eligibility Application

CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name

MI

Child's Last Name

Foster Child Migrant Runaway Homeless Head Start

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI?

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Total Household Gross Income (List only household members with income)

Are you unsure what income to include here? Flip the page and review the chart titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income

How often?

Weekly Bi-Weekly Monthly Bi-Monthly

B. All Adult Household Members (Including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and last)

Earnings from Work

How often?

Weekly Bi-Weekly Monthly Bi-Monthly

Welfare/Child Support/Alimony

How often?

Weekly Bi-Weekly Monthly Bi-Monthly

Pensions/Retirement/Social Security/SSV/VA Benefits

How often?

Weekly Bi-Weekly Monthly Bi-Monthly

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member

X X X X

X X

Check if no SSN

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Address

City

State

Zip

Phone/Email

Completing the Meal Benefit Form

Step 1

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Children in Foster Care and children who meet the definition of homeless, migrant or runaway are eligible for free meals.

Child's First Name

MI

Child's Last Name

Foster Child Migrant Runaway Homeless Head Start

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Check all that apply

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Completing the Meal Benefit Form

Step 2

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 **IF YES** > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.



Completing the Meal Benefit Form

Step 3

STEP 3 Total Household Gross Income

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

Definition of Household Member:
Anyone who is living with you and shares income and expenses, even if not related.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

| Child Income | How often? | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | Weekly | Bi-Weekly | Monthly | Bi-Monthly |
| \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

B. All Adult Household Members (Including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

| Name of Adult and Child(ren) Household Members (first and last) | Earnings from Work | How often? | | | | Welfare/Child Support/Alimony | How often? | | | | Pensions/Retirement/ Social Security/SSI/ VA Benefits | How often? | | | |
|---|--|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | | Weekly | Bi-Weekly | Monthly | 2x Month | | Weekly | Bi-Weekly | Monthly | 2x Month | | Weekly | Bi-Weekly | Monthly | 2x Month |
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Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Check if no SSN ☐

Completing the Meal Benefit Form

Step 4

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Address

City

State

Zip

Phone/Email

Completing the Meal Benefit Form

Step 5

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Completing the Meal Benefit Form

Step 6

DO NOT FILL OUT

For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

| | | | | | | | | | | | | | | | | | | | |
|----------------------------------|---|---------------------------------|-----------------------|--------------------------------|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------|----------------------|--|---|------|---------|------|-----------------------|-----------------------|-----------------------|
| Total Household Income | <table><tr><td>Weekly</td><td>Bi-Weekly</td><td>Monthly</td><td>2x Month</td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr></table> | Weekly | Bi-Weekly | Monthly | 2x Month | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Household size | <input type="text"/> | Categorical Eligibility <input type="checkbox"/> | <table><tr><td>Free</td><td>Reduced</td><td>Paid</td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr></table> | Free | Reduced | Paid | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Weekly | Bi-Weekly | Monthly | 2x Month | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | |
| Free | Reduced | Paid | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | |
| Determining Official's Signature | Date | Confirming Official's Signature | Date | Follow-up Official's Signature | Date | | | | | | | | | | | | | | |

Duration of Income Eligibility Determinations

- **Annually update free, reduced, and paid meal eligibility information**
- **Information cannot be more than 12 months old**
- **Forms are current and valid until the last day of the month in which the form was dated one year earlier**



Effective Date



Choose:

- Date parent/guardian signed
- Date sponsor official signed

Caveat:

If the date of parent signature is **not** within the same month of certification or immediately preceding the month, the effective date must be the date of certification.

SFSP 01-2015, CACFP 01-2015 ***Duration of Income Eligibility Determinations: Guidance and Q&As***, October 31, 2014

Master List

| PARTICIPANT NAMES | * Racial Category Code | Ethnic Category | | If applicable to program | Option selected on CRRS application | Income Category | | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept |
|-----------------------------|------------------------|--------------------|------------------------|---------------------------------------|--|-----------------|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| | | Hispanic or Latino | Non-Hispanic or Latino | Date Enrollment Form Signed by Parent | Date Income Form signed by Parent OR Signed & Certified by Sponsor | FR | RD | PD | | | | | | | | | | | | |
| 1 Doe, Jane | B/AA | | X | 7/15/2020 | 8/10/2020 | X | | | | | | | | | | | | | E/F | |
| 2 Jones, Joseph ("J.J.") | W | X | | 1/9/2020 | 1/15/2020 | | X | | | | | E/R | R | R | R | R | R | R | R | |
| 3 Winter, Neveah | NH/PI | | X | 10/02/2019 | 10/14/2019 | X | | | F | F | F | F | F | F | F | F | F | F | F | |
| 4 Womack, William ("Billy") | A | | X | N/A | N/A | | | X | P | P | P | P | P | P | P | P | W/P | | E/P | |

| | | | | | | | | | | | | | | | |
|--|---|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|
| * RACIAL CATEGORY CODES: | B/AA = Black or African American | Total Free [F] | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | |
| AI/AN = American Indian or Alaska Native | NH/PI = Native Hawaiian or Pacific Islander | Total Reduced [R] | | | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| A = Asian | W = White | Total Paid [P] | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |

Enrollment Forms

- Participant's name
- Normal days and hours of care
- Typical meals
- Signature and date
- Annual renewal
- Not required for ASAR, Emergency Shelters, OSH

ADDENDUM TO ENROLLMENT FORM FOR CHILD CARE

Name of Child Care Facility

Instructions: This Addendum may be used to meet the enrollment data requirements of the Child and Adult Care Food Program as mandated by the Interim Rule issued by the U.S. Department of Agriculture on September 1, 2004. The Addendum will be valid for one calendar year following the date of the parent's or guardian's signature.

Participant Name: _____
Last First Middle Initial

Normal Days of Care (Circle as Appropriate):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Normal Hours of Care during School Year: _____ to _____
_____ to _____

Normal Hours of Care during Summer: _____ to _____
_____ to _____

Participant Meals (Circle as Appropriate):

Breakfast AM Supplement Lunch
PM Supplement Supper Evening Supplement

Parent/Guardian Name: _____
Last First Middle Initial

Parent/Guardian Daytime Telephone Number: Area Code: _____ Number: _____

Signature of Parent/Guardian **Date of Signature**

Question 1 of 4



Do parents
or guardians
need to fill
out an
application
for each
child?



Do parents
or guardians
need to fill
out an
application
for each
child?

No, they can use one
application for all
participants in the same
household

Question 2 of 4

A child's application was categorized as free last year. Do parents need to fill out another one?


A child's application was categorized as free last year. Do parents need to fill out another one?

Yes, an application is only valid for one year.

Question 3 of 4



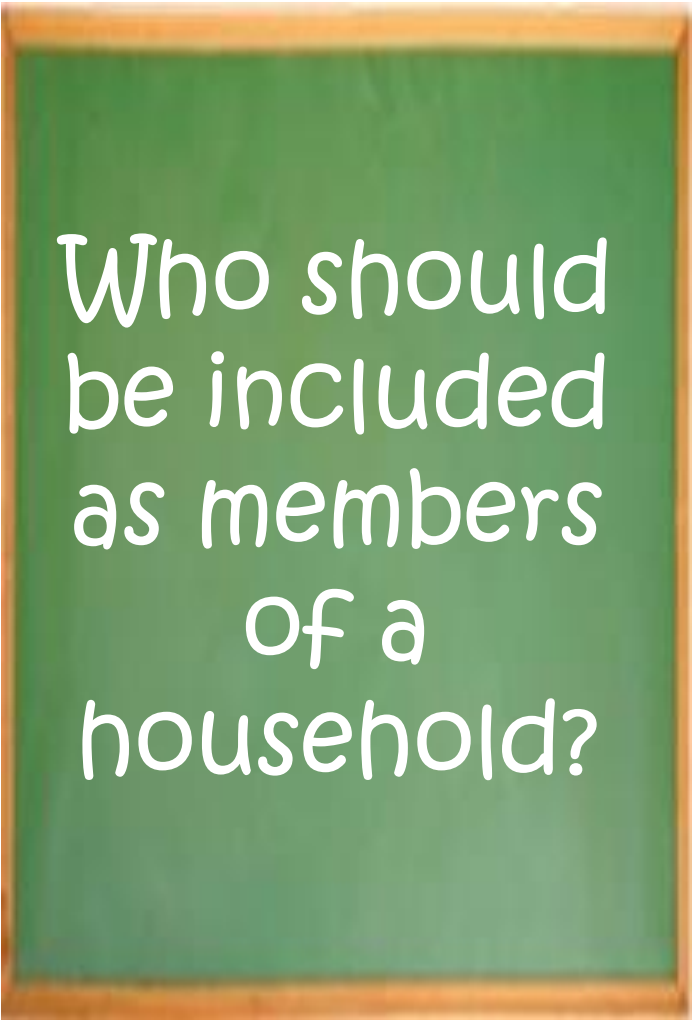
If a family
doesn't
qualify now,
may they
apply later?



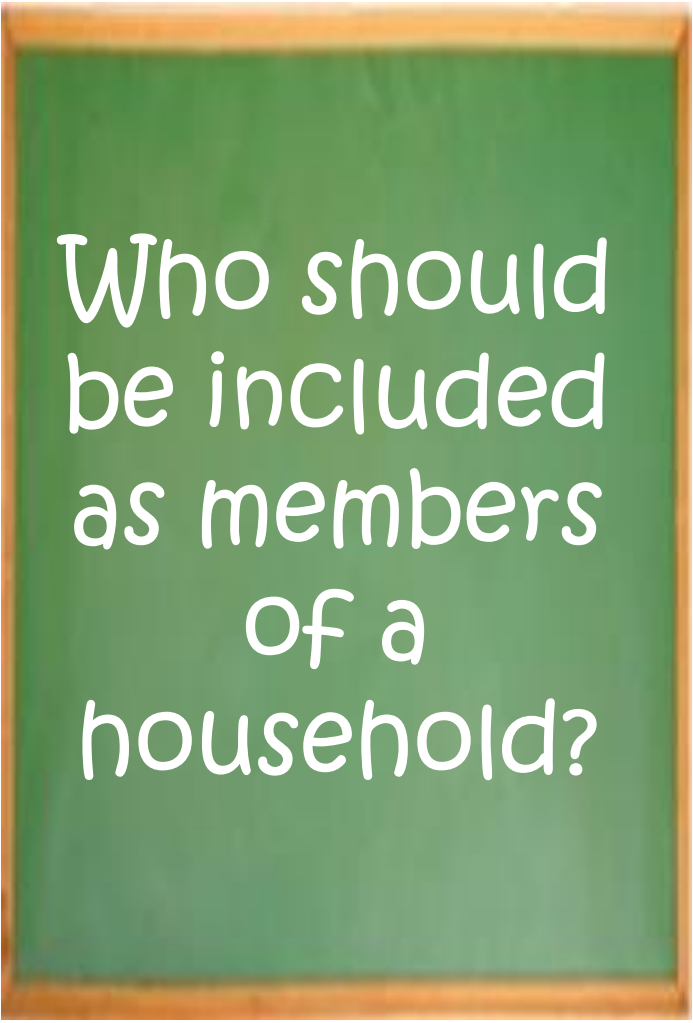
If a family
doesn't
qualify now,
may they
apply later?

Yes, they may apply at
any time or reapply if
circumstances change.

Question 4 of 4



Who should
be included
as members
of a
household?



Who should
be included
as members
of a
household?

Include all people living in the household who share income and expenses.

Do not include people who are economically independent.

What questions do you have?



Meals

Feeding Participants



Meal Service Methods

Different styles for different meal types

- Cafeteria Style
- Family Style
 - Minimum serving sizes of each required food component of the meal must be placed on each table (7 CFR 226.20(c)(1)-(2))
- Offer vs. Serve

Breakfast



Select all three components for a reimbursable meal:

- Fluid Milk
- Vegetables, fruits, or portions of both
- Grains

*Meat and meat alternates may be served in place of the entire grains component at breakfast a maximum of three times per week

Lunch/Supper

Select all five components for a *reimbursable meal*:



- Fluid Milk
- Meat or Meat Alternate
- Vegetables
- Fruits
- Grains

***A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.**

Snacks



Select two of the five components for a *reimbursable snack*:

- Fluid Milk
- Meat or Meat Alternate
- Vegetables
- Fruits
- Grains

***Only 1 of the 2 components may be a beverage**

Children with Disabilities

- Childcare providers must make reasonable modifications to meals to accommodate disabilities which restrict a child's diet.
- A disability is a physical or mental impairment which substantially limits on or more major life activities.
- Meals with substitutions that meet all meal pattern requirements are reimbursable.
 - A medical statement is not needed in this case; however, a parent note should be on file.

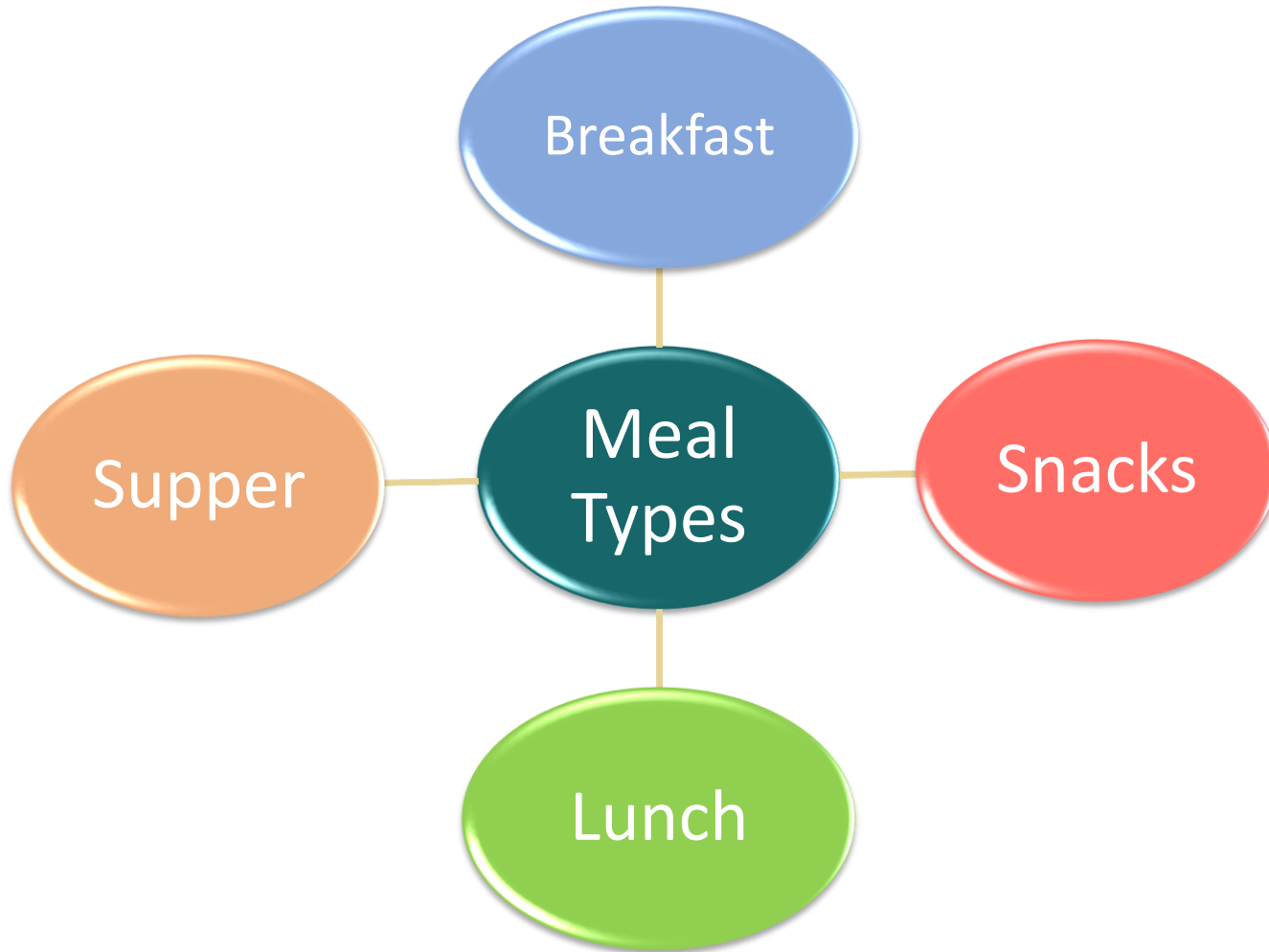
Children with Disabilities

- A medical statement is required when substitutions result in an incomplete meal pattern.
- The medical statement must include the following:
 - Description of the child's physical or mental impairment that restricts diet
 - An explanation of what must be done to accommodate the disability
 - Signature of a medical authority.
- A parent/guardian may supply one or more components of the reimbursable meal if the institution/facility provides at least one required meal component.

Dietary Preference

- Meals with substitutions that meet all food component requirements of the meal pattern are reimbursable.
- No medical statement is needed.
 - A note from the parent/guardian should be on file.
- A parent or guardian can provide one (1) component

CACFP Meal Types



| Child Meal Pattern Food Components: | | Age Group and Serving Size: | | |
|--|---|-----------------------------|---------------------|-----------------------------------|
| | | 1 and 2 year olds: | 3 – 5 year olds: | 6 – 18 ¹ year olds: |
| Breakfast (3 components) | Milk² | | | |
| | Fluid milk | 4 fluid ounces | 6 fluid ounces | 8 fluid ounces |
| | Vegetables, fruits, or portions of both³ | | | |
| | Vegetable(s) and/or fruit(s) | 1/4 cup | 1/2 cup | 1/2 cup |
| | Grains^{*5,6,7} | | | |
| | *whole grain, whole grain-rich, enriched | | | |
| | Bread | 1/2 slice | 1/2 slice | 1 slice |
| | Bread product such as biscuit, roll, muffin | 1/2 serving | 1/2 serving | 1 serving |
| | Cooked breakfast cereal ⁸ , cereal grain, and/or pasta | 1/4 cup | 1/4 cup | 1/2 cup |
| | Ready-to-eat breakfast cereal (dry, cold) ⁸ | 1/4 cup | 1/3 cup | 3/4 cup |
| | *Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. ⁶ | *1/2 oz. (optional) | *1/2 oz. (optional) | *1 oz. (optional) |
| | | | | |
| Lunch/Supper (5 components) | Milk² | | | |
| | Fluid milk | 4 fluid ounces | 6 fluid ounces | 8 fluid ounces |
| | Meat and Meat Alternates | | | |
| | Lean meat, poultry, or fish ¹⁰ | 1 oz. | 1 1/2 oz. | 2 oz. |
| | Tofu, soy products, or alternate protein products ¹¹ | 1 oz. | 1 1/2 oz. | 2 oz. |
| | Cheese | 1 oz. | 1 1/2 oz. | 2 oz. |
| | Large egg | 1/2 egg | 3/4 egg | 1 egg |
| | Cooked dry beans or peas | 1/4 cup | 3/8 cup | 1/2 cup |
| | Peanut butter or soynut butter or other nut/seed butters | 2 Tbsp. | 3 Tbsp. | 4 Tbsp. |
| | Yogurt, plain or flavored, unsweetened or sweetened ¹² | 4 oz. or 1/2 cup | 6 oz. or 3/4 cup | 8 oz. or 1 cup |
| | Peanuts, soynuts, tree nuts, or seeds ⁹ | 1/2 oz. = 50% | 3/4 oz. = 50% | 1 oz. = 50% |
| | Vegetables^{3,4} | | | |
| | Vegetables | 1/8 cup | 1/4 cup | 1/2 cup |
| | Fruits^{3,4} | | | |
| | Fruits | 1/8 cup | 1/4 cup | 1/4 cup |
| | Grains^{*5,7} | | | |
| | *whole grain, whole grain-rich, enriched | | | |
| | Bread | 1/2 slice | 1/2 slice | 1 slice |
| | Bread product such as biscuit, roll, muffin | 1/2 serving | 1/2 serving | 1 serving |
| | Cooked breakfast cereal ⁸ , cereal grain, and/or pasta | 1/4 cup | 1/4 cup | 1/2 cup |

Creditable Components

1. Fluid Milk

2. Meat/Alternates

3. Fruits

4. Vegetables

5. Whole Grains

Fluid Milk

Fat content per age group

- What kind must be served?

Parent preferences

- What about lifestyle choices?

Medical restrictions

- What about special diets?

Quantities per age group

- How much to serve?

Milk Calculations

- How much to buy?

Serving Milk in the CACFP



United States Department of Agriculture



Serving Milk in the CACFP

Use the information below to see what kind of milk to serve in the Child and Adult Care Program (CACFP) to those in your care.



Newborn through 11 months old

- ✓ Breastmilk
- ✓ Iron-fortified formula

Breastmilk is allowed at any age in the CACFP.

12 months through 23 months (1 year through 1 year and 11 months)

- ✓ Unflavored whole milk

Iron-fortified formula may be served to children between the ages of 12 months to 13 months to help with the transition to whole milk.

2 years through 5 years (up to 6th birthday)

- ✓ Unflavored fat-free (skim) milk
- ✓ Unflavored low-fat (1%) milk

Unflavored whole milk and unflavored reduced-fat (2%) milk may be served to children between the ages of 24 and 25 months to help with the transition to fat-free (skim) or low-fat (1%) milk.

6 through 12 years, 13 through 18 years, and adults

- ✓ Unflavored fat-free (skim) milk
- ✓ Flavored fat-free (skim) milk
- ✓ Unflavored low-fat (1%) milk
- ✓ Flavored low-fat (1%) milk*

*Non-dairy beverages may be served in place of cow's milk when a participant has a special dietary need.
Please contact your Sponsoring Organization or State agency for more information.*

Serving Milk in the CACFP

For Adult Participants:

Yogurt may be served in place of milk once per day.

A serving of milk is optional at supper.

The Facts on Flavored Milk:

Flavored milk cannot be part of a reimbursable meal or snack for children 5 years old and younger.

Homemade flavored milk made by adding flavored straws, syrups, and powders to unflavored milk also cannot be part of a reimbursable meal or snack for children 5 years old and younger.

Flavored milk served to children 6 years old and older and to adults must be fat-free (skim) or low-fat (1%).

**Flavored low-fat (1%) milk is allowed for children ages 6 and older and adults in the CACFP from July 1, 2018, until June 30, 2019, and is subject for updates pending Final Rule for Child Nutrition Programs: Flexibilities for Milk, Whole Grains, and Sodium Requirements.*

More training, menu planning, and nutrition education materials for the CACFP can be found at <https://teamnutrition.usda.gov>.



Fluid Milk Substitutions



Milk Calculation

| Age Group | Total Number of Children/Adults | Age/Serving Sizes | Meal Services | Number of Operation Days | Total oz. Needed | Total Gallons or ½ Pints Needed | Weekly TOTAL |
|--|---------------------------------|-------------------|---------------|--------------------------|------------------|---------------------------------|--------------|
| X the number of meals served with Milk | | | | | | | ÷ 4.33 |
| 1 year olds (Whole Milk) | 6 | 4 | 2 | 21 | | | |
| | | | | Total Whole Milk : | <u>1008</u> | <u>7.875</u> | 1.8187067 |
| | | | | | 128 | # Gallons | |
| | | | | | <u>1008</u> | <u>126</u> | 29.099307 |
| | | | | | 8 | # ½ Pints | |
| 2 year olds | 11 | 4 | 2 | 21 | | | |
| 3-5 year olds | 18 | 6 | 2 | 21 | | | |
| 6-12 year olds or At-Risk | 28 | 8 | 1 | 21 | <u>11088</u> | <u>86.625</u> | |
| | | | | Total : | 128 | # Gallons | 20.005774 |
| | | | | | <u>11088</u> | <u>1386</u> | 320.09238 |
| | | | | | 8 | # ½ Pints | |
| X the number of meals served with Milk | | | | | | | |
| Adults | <u>30</u> | 8 | 1 | 21 | <u>5040</u> | <u>39.375</u> | 9.0935335 |
| | | | | Total : | 128 | # Gallons | |
| | | | | | <u>5040</u> | <u>630</u> | 145.49654 |
| | | | | | 8 | # ½ Pints | |

Meat/Alternates

Yogurt

Tofu

Lean meats

Peanut butter, nut butters, seeds

Cheese foods and spread (not “product”)

Poultry

Fish

Eggs

Cooked dry beans or peas

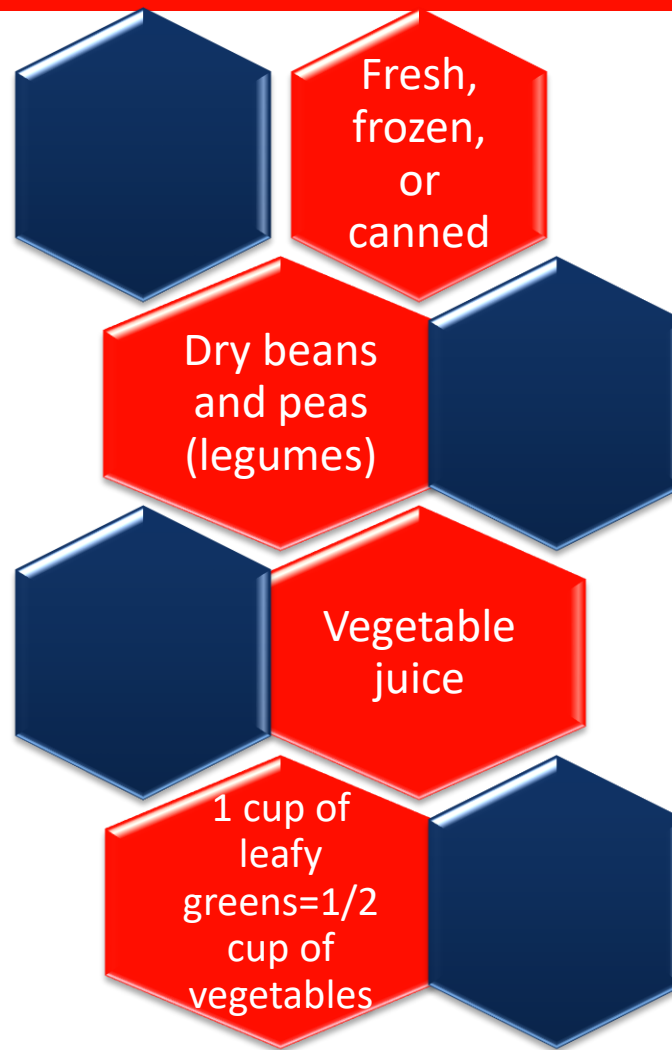
Fruits



Pasteurized, full-strength juice-once per day

100% fruit and vegetable juice blends may contribute to the fruit requirement when fruit juice or puree is the most prominent ingredient.

Vegetables



Whole Grain Rich

- At least one grain serving per day must meet the whole grain rich criteria.
 - Indicate it on the menu “WGR”
- Whole grain rich, enriched, or fortified
- To be creditable, all Breads/Grains must be made with enriched or whole grain meal or flour, or bran/germ.

Easy Whole Grain Swaps

| | | |
|---------------|---|----------------------------|
| White Rice | → | Quinoa, Brown Rice |
| White Bread | → | 100% Whole Wheat Bread |
| Sugary Cereal | → | 100% WGR topped with Fruit |
| Grits | → | Stone-ground Grits |
| Pasta | → | 100% Whole Wheat Pasta |
| Cookies | → | 100% WGR Crackers |

Ounce Equivalents



What are Ounce Equivalents?

- Under the updated meal pattern, program operators will be moving from crediting grains by **servings** to crediting grains by **ounce equivalents**
- One (1) ounce equivalent = **16 grams of grain**



Why are Ounce Equivalents Important?

- To provide portion sizes that most closely align with the needs of our program participants
- To be consistent with School Meal Programs and Federal dietary guidelines, such as the Dietary Guidelines for Americans and ChooseMyPlate



What Does This Mean for Me?

- There will likely be changes to your menu planning process.
- USDA has released various ways to help determine ounce equivalents, such as Exhibit A Grains Tool (a web-based interactive tool)

Use online at: <https://foodbuyingguide.fns.usda.gov>

Search “Food Buying Guide for CNP” in your smartphone’s app store

USDA Food Buying Guide



foodbuyingguide.fns.usda.gov

Menu

- Post (according to licensing)
- Legible
- Maintained on file
- Include the name of the facility
- List dates
- Meal type (breakfast, lunch, snack, supper)
- Include specific components and quantity

5-Day Sample Menu

| | Day 1 6/10/2021 | Day 2 6/11/2021 | Day 3 6/12/2021 | Day 4 6/13/2021 | Day 5 6/14/2021 |
|-----------|---|---|--|---|--|
| Breakfast | Milk Oatmeal Grapes | Milk Kiwi Hard Cooked Egg | Milk Whole Wheat Toast Orange | Milk Multigrain Cheerios 100% Apple Juice | Milk WGR French Toast Strawberries |
| Lunch | Milk Tuna Low-sugar Yogurt Cucumber Slices Wax Beans WGR Tortilla Wrap | Milk Lemon Chicken Romaine Lettuce Tomato Sliced Carrots WGR Wheat Bread | Milk Lean Ground Beef Marinara Sauce Corn Diced Pears WGR Spaghetti Noodles | Milk Tofu Celery Sticks Pineapple Chunks WGR Wheat Bread | Milk Lean Roast Beef Apple Mashed Potatoes Whole Wheat Bread |
| Dinner | Milk Marinated Lean Beef Sweet Potatoes Cauliflower WGR Dinner Roll | Milk Baked Chicken Peas Corn Long Grain Brown Rice Pilaf | Milk Lentil stew Broccoli Peaches Corn Bread | Milk Breaded Lean Pork Chop Baked Potato Cabbage Slaw WGR Rye Bread | Milk Red Beans and Long Grain Rice Cheddar Cheese Cubes Spinach Orange |
| Snacks | Enriched Banana Bread Milk | Pretzels Hummus Water | Carrot Sticks WGR Crackers Water Extra: Ranch Dip | Graham crackers Low-Sugar Yogurt Water | Banana Sun Chips Water |

Combination Foods



Pizza

Ravioli

Stews, Soups

Spaghetti with Meat Sauce

Egg Rolls

Chicken Nuggets

Fish Sticks

Child Nutrition Labels/ Product Formulation Sheets

| | | |
|----|--|--------|
| | CN | 000000 |
| CN | five .875 oz. breaded fish nuggets with APP provides 2.0 oz. equivalent meat/meat alternate and 1 serving of bread alternate for the Child Nutrition Meal Pattern Requirements. (Use of this logo and statement authorized by the Food and Nutrition Service, USDA 08/00 | CN |
| | CN | |

For more information:

<http://www.fns.usda.gov/cnlabeling/child-nutrition-cn-labeling-program>

Infant Participation

| Infant Meal Pattern Food Components: | | Age Group and Serving Size: | |
|--|---|-----------------------------|-------------------|
| | | Birth – 5 months: | 6 – 11 months: |
| Breakfast and Lunch/Supper | Breastmilk ¹ or formula ² | 4-6 fl. oz. | 6-8 fl. oz. |
| | <i>*And one or more of the following:</i> | | |
| | Infant cereal ^{2,3,5} , meat, fish, poultry, whole egg, cooked dry beans/peas | | *0-4 Tbsp. |
| | Cheese | | *0-2 oz. |
| | Cottage cheese | | *0-4 oz. (volume) |
| | Yogurt ⁴ | | *0-8 oz. (1 cup) |
| | <i>*And:</i> | | |
| | Vegetable or fruit, or a combination of both ⁷ | | *0-2 Tbsp. |
| Snack | Breastmilk ¹ or formula ² | 4-6 fl. oz. | 2-4 fl. oz. |
| | <i>*And one or more of the following:</i> | | |
| | Bread ^{3,5} | | *0-1/2 slice |
| | Crackers ^{3,5} | | *0-2 |
| | Infant cereal ^{2,3,5} or ready-to-eat cereal ^{3,5,6} | | *0-4 Tbsp. |
| | <i>*And:</i> | | |
| | Vegetable or fruit, or a combination of both ⁷ | | *0-2 Tbsp. |
| *NOTE: A SERVING OF THIS COMPONENT(S) IS REQUIRED WHEN THE INFANT IS DEVELOPMENTALLY READY TO ACCEPT IT. | | | |

Feeding Infants: Solid Foods

- Introduction at 6 months old, or when developmentally ready
- Institution is required to provide solid foods
- Parent/guardian request
- Home or commercially prepared baby foods
- Iron-fortified cereal
- No: honey, cheese spread/food, juice

Infant Menus

TNDHS 5-Day Weekly Menu for Infants

| Type | Component | Minimum Serving | | Date: | Date: | Date: | Date: | Date: |
|--------------|---|------------------------|---|--------|---------|-----------|----------|--------|
| | | Birth Through 5 Months | 6 Through 11 Months | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast | ^{1,2} Breastmilk or Iron Fortified Infant Formula | 4-6 fluid ounces | 6-8 fluid ounces | | | | | |
| | ² Infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cook dry peas, or Cheese, or Cottage cheese, or ³ Yogurt, or a ⁴ combination of the above | | 0-4 Tablespoons 0-2 oz. 0-4 oz. 0-4 oz. | | | | | |
| | ^{4, 5, 7} Vegetable and/or Fruit | | 0-2 Tablespoons | | | | | |
| | | | | | | | | |
| Lunch/Supper | ^{1,2} Breastmilk or Iron Fortified Infant Formula | 4-6 fluid ounces | 6-8 fluid ounces | | | | | |
| | ² Infant cereal, meat, fish, poultry, whole egg, cooked dry beans or cooked dry peas; or cheese; or cottage cheese; or ³ yogurt; or a ⁴ combination of the above | | 0-4 Tablespoons 0-2 oz. 0-4 oz. 0-4 oz. | | | | | |
| | ^{4, 5, 7} Vegetable and/or fruit | | 0-2 Tablespoons | | | | | |
| | | | | | | | | |
| Snack | ^{1,2} Breastmilk or Iron Fortified Infant Formula | 4-6 fluid ounces | 2-4 fluid ounces | | | | | |
| | ^{3, 4, 5, 6} Bread, or Crackers, or Infant cereal, or Ready-to-eat breakfast cereal | | 0-½ slice 0-2 crackers 0-4 Tablespoons 0-4 Tablespoons | | | | | |
| | ^{4, 5, 7} Vegetables and/or Fruit | | 0-2 Tablespoons | | | | | |

Parent Preference Letter

CACFP INFANT MEALS – PARENT PREFERENCE LETTER

TO: Parents and Guardians of Infants under one year of age

FROM:

Name of Center
or Provider

TOPIC: Who will provide food for your infant's meals?

Due to participation on the Child and Adult Care Food Program (CACFP), all children enrolled at this child care center or family child care (FCC) home receive meals free of charge. The CACFP is a child nutrition program of the United States Department of Agriculture. Child care centers and family child care homes are reimbursed a meal rate to help with the cost of serving nutritious meals to enrolled children. These centers and FCC homes can be reimbursed daily for up to two meals and one snack served to each enrolled child, including infants. Emergency Shelters can be reimbursed for up to three meals. The meals must meet CACFP meal pattern requirements for children and infants.

To meet CACFP requirements, the center or FCC home is required to offer formula and other required infant food to all enrolled infants. The iron fortified infant formula we will provide for infants until they turn one year of age is:

Center or provider to insert the
NAME OF FORMULA that they will provide

A parent or guardian may decline the formula offered by the center or home and supply the infant's formula themselves. However, when an infant turns one year of age, the center or FCC home will begin to provide milk and the other required food items to meet the meal pattern requirements for toddler age children.

To assist us in your infant formula and food preferences, please complete preferences below by checking one item each in the formula and solid food section.

PARENT OR GUARDIAN: PLEASE CHECK YOUR PREFERENCES FOR FORMULA AND FOOD

Formula or Breast Milk: (check one)

☐

I want the center or FCC home provider to provide formula for my infant

☐

I will bring iron fortified infant formula for my infant

Parent/Guardian: List Name of Formula You Will Provide

☐

I will bring expressed breast milk for my infant

☐

I will come to the center or FCC home to breast feed my infant

Solid Food: (check one)

☐

I want the center or FCC home to provide solid food for my infant when he/she is developmentally ready for it

☐

I will bring solid food for my infant when he/she is developmentally ready for it

***Note:** If your feeding preferences change, the center or provider will ask you to complete a new form.

INFANT'S NAME:

INFANT'S BIRTHDATE:

PARENT/GUARDIAN
SIGNATURE:

DATE:

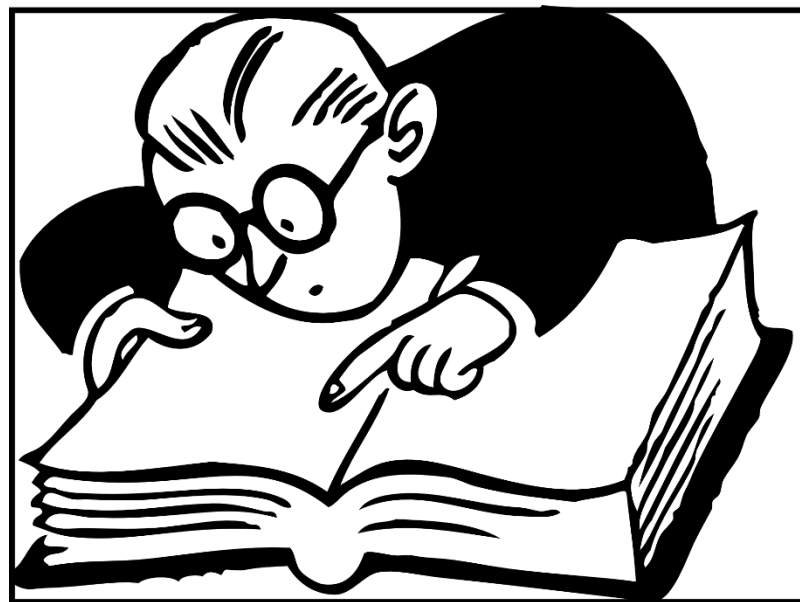
What questions do you have?



Serious Deficiency and Corrective Action Plans

What is Serious Deficiency?

Serious deficiency (SD) is the status of an institution or day care home determined to be **noncompliant** in one or more aspects of its operation of the Program.



What Serious Deficiency is Not...

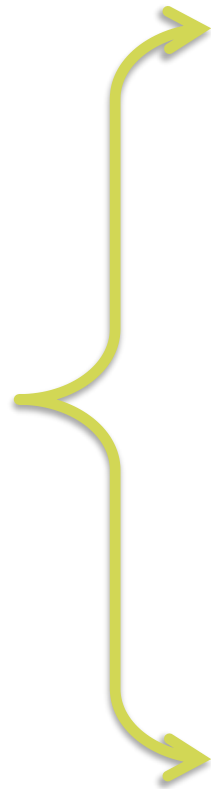
It is **not** meant to *scare or overwhelm*.



It is **not** a route to immediately terminate and disqualify without **Due Process**.

Serious Deficiency Process

SD PROCES



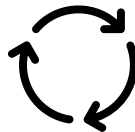
IDENTIFY NON-COMPLIANCE



REQUEST CORRECTIVE ACTION

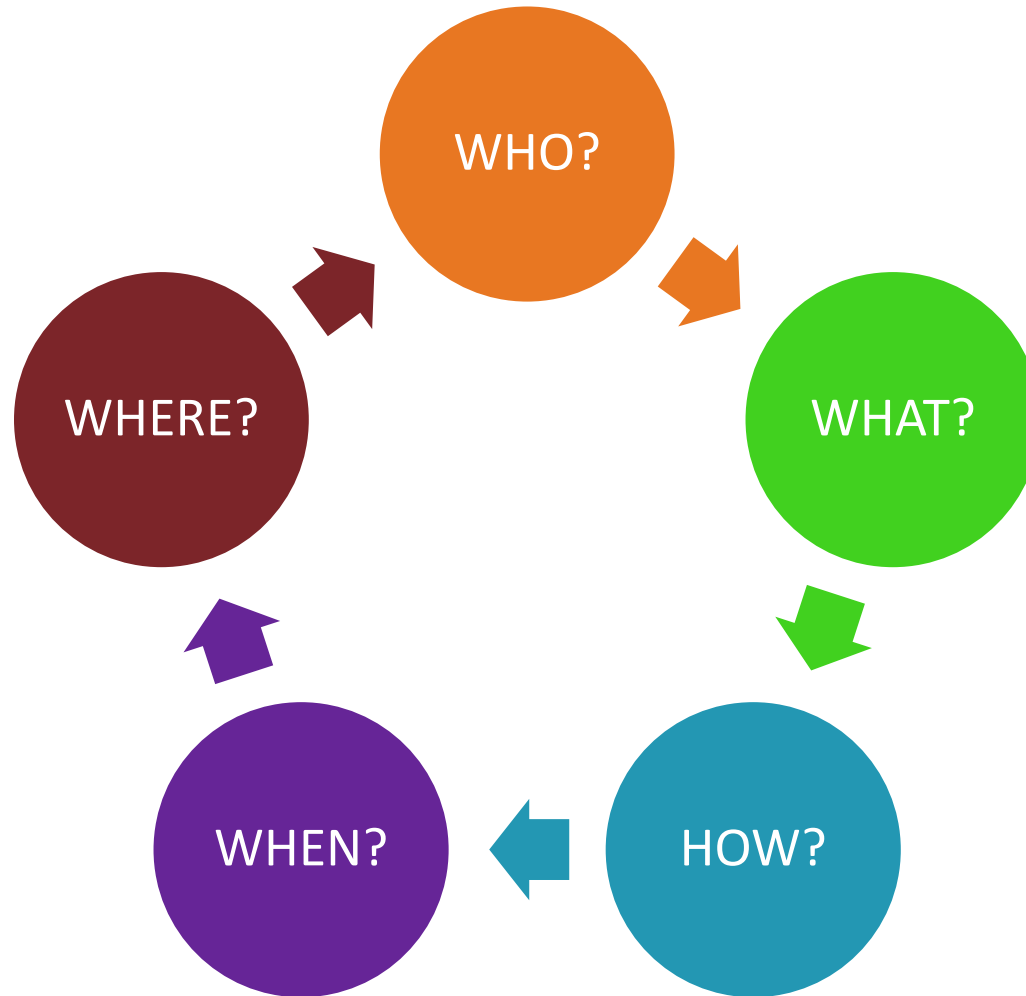


PREVENT RECURRENCE



DUE PROCESS

Corrective Action Plan Elements



Policies and Updates 1 of 5

- COVID-19 Oversight Reporting Questions and Answers April 20, 2021
- Child Nutrition Emergency Operating Costs Reimbursement Programs Q&A #2, March 15, 2021
- Q&A for Program Reimbursement for Emergency Operational Costs for Child Nutrition Programs during the COVID-19 Pandemic, January 26, 2021

Policies and Updates 2 of 5

- CACFP 01-2021 Questions and Answers Relating to the Nationwide Waiver to Allow Summer Food Service Program and Seamless Summer Option through School Year 2020-2021—Extension Q&As #2, October 14, 2021
- CACFP 05-2021 Child Nutrition Program Emergency Operating Costs During COVID-19: Implementation Guidance for State Agencies, January 26, 2021

Policies and Updates 3 of 5

- CACFP-07-2021 Child Nutrition Emergency Operational Costs Reimbursement Programs: State Agency Implementation Plan Template and Q&A Guidance, March 15, 2021
- CACFP 08_2021 Reimbursement for Meals and Snacks Served to Young Adults in the Child and Adult Care Food Program: Implementation Guidance for State Agencies April 9, 2021

Policies and Updates 4 of 5

- CACFP 10-2021 Consolidated Appropriations Act, 2021: Effect on Child Nutrition Programs May 5, 2021, Revised May 14, 2021
- CACFP 11-2021 Collection of Race and Ethnicity Data by Visual Observation and Identification in the CACFP and SFSP-Policy Rescission May 17, 2021 COVID-19
- #96 Nationwide Waiver of Onsite Monitoring Requirements for Sponsors in the Child and Adult Care Food Program – EXTENSION April 20, 2021

Policies and Updates 5 of 5

- CACFP 12-2021 Reimbursement for Meals and Snacks Served to Young Adults in the Child and Adult Care Food Program-Questions and Answers June 7, 2021
- COVID-19 Child Nutrition Response #68
Nationwide Waiver of Area Eligibility in the Child and Adult Care Food Program At-Risk Afterschool Care Component—Extension, October 9, 2021
- COVID-19 Child Nutrition Response #70
Nationwide Waiver to Allow Meal Pattern Flexibility in the Child Nutrition Programs—Extension #5, October 9, 2020

What questions do you have?



Contact Information

CACFP Main Telephone Line
(615) 313-4749

CACFP Email
cacfp.dhs@tn.gov

Tennessee Information Payment System
<https://tndhs.cnpus.com/prod/Splash.aspx>

CACFP-Department of Human Services
tn.gov/humanservices/children/dhs-nutrition-programs/child-and-adult-care-food-program.html

Upcoming Trainings



Ounce Equivalents in CACFP
September 7, 2021
9:00 am CST

CACFP Waivers Training
September 23, 2021
9:00 am CST

Nondiscrimination Statement

In accordance with civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistance Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Thank you!

THANK

You